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ABSTRACT

This bibliography focuses on resiliency in children and youth with disabilities and chronic illnesses and in their families. The materials included address factors associated with the successful adaptation of children and their families to the many demands of chronic illness and disability. The bibliography contains approximately 35 references to books, articles, and book sections on resiliency in general; approximately 55 annotated entries for books, articles, and book sections on resiliency in children and youth with chronic illness and disability; and annotations for over 30 books and journal articles on resiliency in family members. (JDD)

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National Center for Youth with Disabilities

...a resource center to improve services for youth with disabilities.

CYDLINE Reviews:

Vulnerability and Resiliency: Focus on Children, Youth, and Families with Disabilities

March, 1991

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A project of the:

Society for Adolescent Medicine
Adolescent Health Program

The National Center for Youth with Disabilities is a collaborative project of the Society for Adolescent Medicine and the Adolescent Health Program at the University of Minnesota. The Center is supported through a grant from the Maternal and Child Health Bureau, Division of Services for Children with Special Health Needs, Department of Health and Human Services, #MCJ27361-010. The Center's mission is to raise awareness of the needs of youth with disabilities; foster coordination and collaboration among agencies, professionals, parents, and youth in planning and providing services; and provide technical assistance and consultation.

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We extend our thanks to Barbara Jirik for her valued assistance in the preparation of this bibliography.

National
Center for

Youth with Disabilities

The National Center for Youth with Disabilities (NCYD) is committed to raising awareness of the needs of adolescents and young adults with chronic illnesses and disabilities. In keeping with our mission, we have prepared this bibliography focusing on resiliency in children and youth with disabilities and chronic illnesses and their families. Included in this bibliography are articles which address factors associated with the successful adaptation of children and their families to the many demands of chronic illness and disability. We hope that you will take the time to read through this bibliography and share it with anyone you believe would benefit from the information.

This bibliography is being prepared in conjunction with the Center for Children with Chronic Illness and Disability for the conference, "Vulnerability and Resilience in Children and Families: Focus on Children with Disabilities," the proceedings of which will be published in the October, 1991, issue of *Pediatric Annals*.

The information in this bibliography is drawn from the computerized database of the NCYD Resource Library. Other annotated bibliographies available from the NCYD Resource Library include:

- ☐ ***Transition from Pediatric to Adult Health Care for Youth with Disabilities and Chronic Illness***
- ☐ ***Adolescents with Chronic Illnesses—Issues for School Personnel***
- ☐ ***Promoting Decision-Making Skills by Youth with Disabilities—Health, Education, and Vocational Choices***
- ☐ ***An Introduction to Youth with Disabilities***
- ☐ ***Substance Use by Youth with Disabilities and Chronic Illnesses***
- ☐ ***An Introductory Guide for Youth and Parents***
- ☐ ***Youth with Disabilities and Chronic Illnesses: International Issues***
- ☐ ***Issues in Sexuality for Adolescents with Chronic Illnesses and Disabilities***

You can also request specialized searches of the NCYD Resource Library on topics of your choosing simply by calling an NCYD information specialist. This person will then send you the requested information in a format similar to this bibliography. In this way, you can easily receive current information on youth with disabilities that is specific to your particular needs and interests.

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1. GENERAL REFERENCES ON RESILIENCY

EDITOR | Anthony EJ; Cohler B;
BOOK | ***The invulnerable child.***
SOURCE | New York: Guilford Press, 1987.

AUTHOR | Antonovsky A;
BOOK | ***Health, stress and coping: New perspectives on mental and physical well-being.***
SOURCE | San Francisco: Jossey-Bass, 1979.

AUTHOR | Antonovsky A;
BOOK | ***Unraveling the mystery of health: How people manage stress and stay well.***
SOURCE | San Francisco: Jossey-Bass, 1987.

AUTHOR | Clark RM;
BOOK | ***Family life and school achievement: Why poor black children succeed or fail.***
SOURCE | Chicago: University of Chicago Press, 1983.

AUTHOR | Coles R;
BOOK | ***Children of crisis: Vol. 1. A study of courage and fear.***
SOURCE | Boston: Little, Brown, 1967.

AUTHOR | Coles R;
BOOK | ***Children of crisis: Vol. 2. Migrants, sharecroppers, mountaineers.***
SOURCE | Boston: Little, Brown, 1972.

AUTHOR | Coles R;
BOOK | ***Children of crisis: Vol. 3. The south goes north.***
SOURCE | Boston: Little, Brown, 1973.

AUTHOR | Coles R;
BOOK | ***Children of crisis: Vol. 4. Eskimos, Chicanos, Indians.***
SOURCE | Boston: Little, Brown, 1978.

AUTHOR | Elder GH;
BOOK | ***Children of the great depression.***
SOURCE | Chicago: University of Chicago Press, 1974.

AUTHOR | Elder GH; Caspi A; Van Nguyen T;
TITLE | **Resourceful and vulnerable children: Family influence in hard times.**
EDITOR | Silbereisen R; Eyferth H;
BOOK | ***Development in context.***
SOURCE | Berlin: Springer-Verlag,1985:167–186.

AUTHOR | Furstenberg FF; Levine JA; Brooks-Gunn J;
TITLE | **The children of teenage mothers: Patterns of early childbearing in two generations.**
SOURCE | *Family Planning Perspectives* 1990 Mar;22(2):54-61.

AUTHOR | Gandara P;
TITLE | **Passing through the eye of the needle: High achieving Chicanas.**
SOURCE | *Hispanic Journal of Behavioral Sciences* 1982;4:167–180.

EDITOR | Garmezy N; Rutter M;
BOOK | ***Stress, coping and development in children.***
SOURCE | New York: McGraw-Hill, 1983.

AUTHOR | Garmezy N; Devine V;
TITLE | **Project Competence: The Minnesota studies of children vulnerable to psychopathology.**
EDITOR | Watt NF; Anthony EJ; Wynne LC; Rolf JE;
BOOK | ***Children at risk for schizophrenia: A longitudinal perspective.***
SOURCE | London and New York: Cambridge University Press, 1984:289–303.

AUTHOR | Garmezy N; Masten AS; Tellegen A;
TITLE | **The study of stress and competence in children: Building blocks for developmental psychopathology.**
SOURCE | *Child Development* 1984;55:97–111.

AUTHOR | Garmezy N; Tellegen A;
TITLE | **Studies of stress-resistant children: Methods, variables and preliminary findings.**
EDITOR | Morrison F; Lord C; Keating D;
BOOK | ***Advances in applied developmental psychology.***
SOURCE | New York: Academic Press, 1984:231–287.

AUTHOR | Hetherington EM; Cox M; Cox R;
TITLE | **Effects of divorce on parents and children.**
EDITOR | Lamb M;
BOOK | ***Non-traditional families.***
SOURCE | Hillsdale NJ: L. Erlbaum, 1982:223–285.

AUTHOR | Lee VE; Brooks-Gunn J; Schur E; et al.;
TITLE | **Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs.**
SOURCE | *Child Development* 1990 Apr;61(2):495-507.

AUTHOR | Lewis JM; Looney JD;
BOOK | ***The long struggle: Well-functioning working class black families.***
SOURCE | New York:Brunner/Mazel, 1983.

AUTHOR | Long JVF; Vaillant GE;
TITLE | **Natural history of male psychological health, XI: Escape from the underclass.**
SOURCE | *American Journal of Psychiatry* 1984;141:341–346.

AUTHOR | Mason EP;
TITLE | **Comparison of personality characteristics of junior high school students from American Indian, Mexican and Caucasian ethnic backgrounds.**
SOURCE | *Journal of Social Psychology* 1967;73:115–128.

AUTHOR | Moskovitz S;
BOOK | ***Love despite hate: Child survivors of the holocaust and their adult lives.***
SOURCE | New York: Schocken, 1983.

AUTHOR | Murphy LR; Moriarty A;
BOOK | ***Vulnerability, coping and growth from infancy to adolescence.***
SOURCE | New Haven:Yale University Press, 1976.

AUTHOR | Rachman SF;
BOOK | ***Fear and courage.***
SOURCE | San Francisco: WH Freeman, 1978.

AUTHOR | Ressler E; Boothby N; Steinbock D;
BOOK | ***Unaccompanied children: Care and protection in wars, natural disasters, and refugee movements.***
SOURCE | New York: Oxford University Press, 1988.

AUTHOR | Rosenblatt R;
BOOK | ***Children of war.***
SOURCE | Garden City, NY: Anchor Press, 1983.

AUTHOR | Rutter M;
TITLE | **Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder.**
SOURCE | *British Journal of Psychiatry* 1985;147:598–611.

AUTHOR | Rutter M;
TITLE | **Psychosocial resilience and protective mechanisms.**
SOURCE | *American Journal of Orthopsychiatry* 1987;57(3):316–331.

AUTHOR | Silva PA; McGee R;
TITLE | **Growing up in Dunedin.**
SOURCE | Dunedin Multidisciplinary Health and Development Research Unit, Department of Pediatrics and Child Health, University of Otago Medical School, Dunedin, New Zealand, 1984.

AUTHOR | Wallerstein JS; Kelley JB;
BOOK | ***Surviving the breakup: How children and parents cope with divorce.***
SOURCE | New York: Basic Books, 1980.

EDITOR | Watt NS; Anthony EJ; Wynne LC; Rolf JE;
BOOK | ***Children at risk for schizophrenia: A longitudinal perspective.***
SOURCE | London and New York:Cambridge University Press, 1984.

AUTHOR | Werner EE;
TITLE | **Protective factors and individual resilience.**
EDITOR | Meisels SJ; Shonkoff JP;
BOOK | ***Handbook of early childhood intervention.***
SOURCE | Cambridge University Press: Cambridge, 1990:97–116.

AUTHOR | Werner EE;
TITLE | **High risk children in young adulthood: A longitudinal study from birth to 32 years.**
SOURCE | *American Journal of Orthopsychiatry* 1989 Jan;59(1):72–81.

AUTHOR | Werner EE; Bierman JS; French FE;
BOOK | ***The children of Kauai: A longitudinal study from the prenatal period to age 10.***
SOURCE | Honolulu: University of Hawaii Press, 1971.

AUTHOR | Werner EE; Smith RS;
BOOK | ***Kauai's children come of age.***
SOURCE | Honolulu: University of Hawaii Press, 1977.

AUTHOR | Werner EE; Smith RS;
BOOK | ***Vulnerable but invincible: A longitudinal study of resilient children and youth.***
SOURCE | New York: McGraw-Hill, 1982.

2. RESILIENCY IN CHILDREN AND YOUTH WITH CHRONIC ILLNESS AND DISABILITY

AUTHOR Band EB;
TITLE **Children's coping with diabetes: Understanding the role of cognitive development.**
SOURCE *Journal of Pediatric Psychology* 1990 Feb;15(1):27-41.

ABSTRACT This study revealed differences in coping styles between children and adolescents. Children placed a greater emphasis on primary control, the concrete modifiable aspects of diabetes. Adolescents tended to use more secondary methods of control, the subjective experience of coping with diabetes. Adolescents were found to be less well adjusted than children, indicating other processes may be operating in forming an adolescents's coping style.

AUTHOR Blotcky AD; Raczynski JM; Gurwitch R; et al.;
TITLE **Family influences on hopelessness among children early in the cancer experience.**
SOURCE *Journal of Pediatric Psychology* 1985 Dec;10(4):479-93.

ABSTRACT Six self-report instruments were used to assess: hopelessness, satisfaction with family, parental coping, child's interaction with family and relatives, parental subjective distress, and the mother-child relationship. Both parents of each patient participated. Results indicated that general aspects of family life may be less important than parental coping behavior. Fostering family integration and maintaining self-stability proved to be the two major patterns of coping behavior to account for variance in hopelessness.

AUTHOR Breslau N; Marshall IA;
TITLE **Psychological disturbance in children with physical disabilities: Continuity and change in a 5 year follow-up.**
SOURCE *Journal of Abnormal Child Psychology* 1985 Jun;13(2):199-215.

ABSTRACT A study of 255 six to 18 year old children and adolescents with various physical disabilities, some involving neurological and brain damage. Psychological functioning and continuity of behavioral disturbance was measured by the Psychiatric Screening Inventory. Those children with cystic fibrosis showed better adjustment over time than children with conditions involving brain abnormalities. When physical disability involved the brain, problems persisted when measured five years later.

AUTHOR Burke SO;
TITLE **Risk and competence: A model and studies of children with handicaped children.**
SOURCE *Canadian Journal of Public Health* 1986 May;77(Suppl. 1):40-5.

ABSTRACT The author summarizes the results of her research on resiliency in children with physical disabilities. A model to help explain the process of resiliency is proposed with an explanation of each component of the model. The components of the model are: risk, vulnerability, protective factors, resilience, coping, competence, sources of stress, and sources of support.

AUTHOR Calhoun ML; Beattie J;
TITLE **School competence needs of mildly handicapped adolescents.**
SOURCE *Adolescence* 1987 Fall;22(87):555-63.

ABSTRACT The study attempted to identify competence needs and skills necessary for adolescents with mild developmental disabilities to cope in a typical high school environment. Areas identified in the analysis included study skills, organizational and time management skills, communication and social skills. Suggestions for instructional methodology are presented, and areas of need for further research are named.

AUTHOR Cappelli M; McGrath PJ; MacDonald NE; et al.;
TITLE **Parental care and overprotection of children with cystic fibrosis.**
SOURCE *British Journal of Medical Psychology* 1989 Sep;62(pt. 3):281-9.

ABSTRACT No significant differences were found between self-reports of overprotection from parents of children with cystic fibrosis (CF) and parents of children without CF, although the patterns were different in the two groups. For children with CF, excessive maternal or paternal overprotection was associated with behavior problems, while in healthy controls, behavior problems were associated with lack of maternal concern.

AUTHOR Center Y; Ward J;
TITLE **Integration of mildly handicapped cerebral palsied children into regular schools.**
SOURCE *Exceptional Children* 1984 Jul;31(2):104-13.

ABSTRACT Assessed the academic status and social acceptance of students in Australia with cerebral palsy to determine characteristics that are associated with successful integration into regular schools. Findings indicate that academic achievement was positively associated with cognitive ability, and social acceptance was positively associated with self-esteem. Also, academic success was not significantly associated with degree of disability or educational placement.

AUTHOR Cerreto MC; Travis LB;
TITLE **Implications of psychosocial and family factors in the treatment of diabetes.**
SOURCE *Pediatric Clinics of North America* 1984 Jun;31(3):689-710.

ABSTRACT Discusses the role of the family in the psychosomatic and somatopsychic aspects of IDDM (insulin-dependent diabetes mellitus). Developmental stages are explored in terms of: normative developmental tasks, effects of diabetes on that stage of development, psychological and family factors and treatment implications.

AUTHOR Chekryn J; Deegan M; Reid J;
TITLE **Normalizing the return to school of the child with cancer.**
SOURCE *Journal of the Association of Pediatric Oncology Nurses* 1986;3(2):20-4,34.

ABSTRACT This article draws upon information derived from interviews with parents, teachers, and 10- to 16-year-old children with cancer. All perceived school as a normalizing influence, while describing the difficulties of re-entry. Ways in which health professionals and teachers can foster positive re-entry are discussed. Strategies are suggested which can help children keep up academically when unable to attend classes.

AUTHOR Cowen L; Corey M; Keenan N; et al.;
TITLE **Family adaptation and psychological adjustment to cystic fibrosis in the preschool child.**
SOURCE *Social Science and Medicine* 1985;20(6):553–60.

ABSTRACT The authors found the mean on the Preschool Behavior Questionnaire was not significantly different between the group with cystic fibrosis and the control group. Parents of healthy preschoolers reported more child-related problems than did parents of children with cystic fibrosis. The family of a child with cystic fibrosis does not appear to be adversely affected during the preschool years.

AUTHOR Daniels D; Moos RH; Billings Ag; et al.;
TITLE **Psychosocial risk and resistance factors among children with chronic illness, healthy siblings, and healthy controls.**
SOURCE *Journal of Abnormal and Child Psychology* 1987 Jun;15(2):295-308.

ABSTRACT When studying 93 children with juvenile rheumatoid arthritis, 72 healthy siblings, and 93 healthy controls, there appeared to be a pattern of vulnerability or resistance factors related to family characteristics that affected psychological adjustment and physical health problems.

AUTHOR Delamater AM; Kurtz SM; Bubb J; et al.;
TITLE **Stress and coping in relation to metabolic control of adolescents with type 1 diabetes.**
SOURCE *Journal of Developmental and Behavioral Pediatrics* 1987 Jun;8(3):136-40.

ABSTRACT Stress and anxiety were found to be unrelated to metabolic control in adolescents with diabetes. However, different coping methods were used by adolescents in good control and those in poor control. The type of event considered most stressful also varied among the groups. Stress appraisal and coping mechanism appear to play an important role in metabolic control.

AUTHOR Edell BH; Motta RW;
TITLE **The emotional adjustment of children with Tourette's syndrome.**
SOURCE *Journal of Psychology* 1989 Jan;123(1):51–7.

ABSTRACT Children's perceptions of their parents' behavior were important predictors of self-concept and anxiety. The authors suggest that children's perceptions of their parents' behavior is better correlated with their adjustment than the actual behavior of the parents. A combination of parental acceptance and promotion of psychological autonomy were associated with positive emotional functioning.

AUTHOR Fehrenbach AM; Peterson L;
TITLE **Parental problem-solving skills, stress, and dietary compliance in phenylketonuria.**
SOURCE *Journal of Consulting and Clinical Psychology* 1989 Apr;57(2):237-41.

ABSTRACT Data indicate that effective problem solving skills by parents resulted in improved disease control in their children (age 6 mo.-16yrs.). The authors stress the need to focus on training in problem-solving dealing with high stress situations. They mention that level of support, perceived cohesion, and degree of conflict between family members may have an impact on the child's self-esteem and self-concept.

AUTHOR Frey KS; Fewell RR; Vadasy PF;
TITLE **Parental adjustment and changes in child outcome among families of young handicapped children.**
SOURCE *Topics in Early Childhood Special Education* 1989 Winter;8(4):38–57.

ABSTRACT When examining changes in parent and child functioning as mediated by the social context of the family over a two-year period, it was found that when the family environment was initially described as cohesive and harmonious, the children made greater gains than those whose family environment was distant and conflict-ridden. Numerous interactions of influences of mother, father, and child are explored.

AUTHOR Garmezy N;
TITLE **Stress, competence and development: Continuities in the study of schizophrenic adults, children vulnerable to psychopathology, and the search for stresss-resistant children.**
SOURCE *American Journal of Orthopsychiatry* 1987 Apr;57(2):159–74.

ABSTRACT The author presents a historical overview of research on resilient children. Included is the preliminary analysis of a complex longitudinal research study which includes children with severe heart defects and severe physical handicaps. Personality disposition of the child, supportive family milieu, and external support systems are variables which are explored.

AUTHOR Garrison WT; McQuiston S;
BOOK ***Chronic illness during childhood and adolescence. Psychological aspects. Developmental clinical psychology and psychiatry, Vol. 19.***
SOURCE Sage Publication, Inc., P.O. Box 5084, Newbury Park, CA, 1989; 160.

ABSTRACT An overview of the psychological and social effects of chronic illness among children and youth; this issue focuses on assessment and treatment. Case studies are used to illustrate significant issues.

AUTHOR Goldberg S; Simmons RJ;
TITLE **Chronic illness and early development: The parent's perspective.**
SOURCE *Pediatrician* 1988;15(1-2):13-20.

ABSTRACT The parent's reaction to an infant's or toddler's chronic illness is of prime importance in determining the resiliency of the child. The behavior of parents of children with disabilities is often labeled maladaptive when compared to the behavior of parents of healthy children. However, the differences may be an acceptable way for parents to meet the needs of their children with disabilities and may result in positive developmental outcomes.

AUTHOR Graham P;
TITLE **Handling stress in the handicapped adolescent.**
SOURCE *Developmental Medicine and Child Neurology* 1985 Jun;27(3):389-91.

ABSTRACT The author delineates seven mechanisms used by successful copers. He suggests more attention be paid to these successful strategies when counseling teenagers with disabilities and their families. While teenagers with disabilities have extra adjustments to make, the use of the successful coping strategies makes the transitions easier.

AUTHOR Grupe WE; Greifer I; Greenspan SI; et al.;
TITLE **Psychosocial development in children with chronic renal insufficiency.**
SOURCE *American Journal of Kidney Diseases* 1986 Apr;VII(4):324-8.

ABSTRACT Discusses possible factors impacting on psychosocial development and adaptation in children, adolescents, and adults with chronic renal insufficiency. Adolescence is suggested to be a period of greatly increased vulnerability, especially in an environment of: poor family support, family disorganization, low income, vulnerable personality, and a complex medical course. Particular emphasis is placed on promising avenues of prevention of serious problems during adolescence.

AUTHOR Haase JE;
TITLE **Components of courage in chronically ill adolescents: A phenomenological study.**
SOURCE *ANS, Advances in Nursing Science* 1987 Jan;9(2):64-80.

ABSTRACT Data were collected from youth through open-ended interviews. Participants were asked to describe their subjective experiences of courage. These descriptions were analyzed phenomenologically. The data are explored qualitatively as they relate to heroism, fear, creativity, will, stress-coping, structure, time and consciousness, humor, and transcendence.

AUTHOR Hanson CL; Cigrang JA; Harris MA; et al.;
TITLE **Coping styles in youth with insulin-dependent diabetes mellitus.**
SOURCE *Journal of Consulting and Clinical Psychology* 1989 Oct;57(5):644-51.

ABSTRACT The relationships between coping styles and health outcomes, along with family characteristics, age of the youth, and duration of the diabetes, were examined in this study. High family cohesion resulted in less avoidance and less use of ventilation as a coping style. Family flexibility became increasingly important as the duration of the diabetes increased. Adolescents in these families used ventilation and avoidance infrequently.

AUTHOR Hanson CL; Henggeler SW; Burghen GA;
TITLE **Model of associations between psychosocial variables and health-outcome measures of adolescents with IDDM.**
SOURCE *Diabetes Care* 1987 Nov;10(6):752-8.

ABSTRACT This study of adolescents with IDDM (insulin-dependent diabetes mellitus) and their families attempted to measure patient adherence to treatment regimen, metabolic control, chronic stress, social competence, family knowledge about IDDM, and family relations. Inter-correlations and multiple regression analyses on the data are described. Findings indicated adherence and stress related directly to metabolic control. Family relations and knowledge of IDDM, along with the age of the adolescent, related directly to adherence. A theoretical model of associations is proposed.

AUTHOR Hanson CL; Henggeler SW; Burghen GA;
TITLE **Social competence and parental support as mediators of the link between stress and metabolic control in adolescents with insulin-dependent diabetes mellitus.**
SOURCE *Journal of Consulting and Clinical Psychology* 1987 Aug;55(4):529-33.

ABSTRACT This study used multiple measures to assess patient adherence, life stress, social competence, parental support, and metabolic control. Multiple regression analysis revealed stress as being directly associated with metabolic control, irrespective of adherence; however, social competence appeared to mitigate this association. Parental support was found to be directly related to adherence. The authors point out that these findings are consistent with the developmental transitions associated with adolescence.

AUTHOR Hanson SL; Pichert JW;
TITLE **Perceived stress and diabetes control in adolescents.**
SOURCE *Health Psychology* 1986;5(5):439-52.

ABSTRACT This study of psychosocial influences on blood glucose levels in adolescents with IDDM (insulin-dependent diabetes mellitus) attempted to control for the effects of insulin, diet, and exercise. By studying participants at a supervised sleep-away camp for diabetic children, the researchers were able to monitor these three possible confounding variables. Negative cumulative stress (measured by number and magnitude of negative stressors) significantly correlated with blood glucose levels after controlling for insulin, diet, and exercise. For boys especially, adjustment to stress mitigated this relationship.

AUTHOR Hinds PS; Martin J;
TITLE **Helpfulness and the self-sustaining process in children with cancer.**
SOURCE *Nursing Research* 1988 Nov;37(6):336-40.

ABSTRACT Data are used to develop a theory on the development of the self-sustaining process. Four sequential concepts were described: cognitive discomfort, distraction, cognitive comfort and personal competence. A natural progression through these concepts is thought to result in competence and resiliency.

AUTHOR Hinds PS; Martin J; Vogel RJ;
TITLE **Nursing strategies to influence adolescent hopefulness during oncologic illness.**
SOURCE *Journal of the Association of Pediatric Oncology Nurses* 1987;4(1-2):14-22.

ABSTRACT This study used structured interviews to identify ways in which nurses contribute to or detract from the hopefulness of their adolescent cancer patients. From the data collected, the authors developed a model of this nursing function. The most helpful types of nursing behaviors included humor and "positive realism." Behaviors which undermined hopefulness were those conveying distancing by the nurse. The authors suggest areas for future research: effects of perceived commitment of the nurse on adolescent hopefulness; relationship of cognitive distraction to hopefulness; relationship of nurse humor and distancing to cognitive distraction.

AUTHOR Hurtig AL; Koepke D; Park KB;
TITLE **Relation between severity of chronic illness and adjustment in children and adolescents with sickle cell disease.**
SOURCE *Journal of Pediatric Psychology* 1989 Mar;14(1):117-32.

ABSTRACT Severity of sickle cell disease was not a major predictor of psychological adjustment in children and adolescents. Individual differences, such as age and sex, were more important contributors to adjustment than disease severity.

AUTHOR Jessop DJ; Stein RE;
TITLE **Uncertainty and its relation to the psychological and social correlates of chronic illness in children.**
SOURCE *Social Science and Medicine* 1985;20(10):993–9.

ABSTRACT The authors found four dimensions that produced significant variance in social and psychological measures: functional status, the child's appearance, parents' need to expect changes, and major surgical procedures. They found that children whose general functioning is good came from families with more resources to cope with the condition. The authors present a detailed discussion of the impact of the four significant dimensions.

AUTHOR Kazak AE;
TITLE **Families of chronically ill children: A systems and social-ecological model of adaptation and challenge.**
SOURCE *Journal of Consulting and Clinical Psychology* 1989 Feb;57(1):25-30.

ABSTRACT The author details the need to use a family systems approach in dealing with children with chronic illness and their families. The author cites Garmezy in detailing three variables which can predict a child's invulnerability to stress: the child's disposition, a supportive family atmosphere, and an enhancing social support system.

AUTHOR Kelly MP;
TITLE **The subjective experience of chronic disease: Some implications for the management of ulcerative colitis.**
SOURCE *Journal of Chronic Diseases* 1986 Aug;39(8):653-6.

ABSTRACT Autobiographical account of author's experience with colitis since late childhood illustrating intra- and interpersonal coping strategies, and sociomedical issues.

AUTHOR Klein S; Simmons R; Anderson C;
TITLE **Chronic kidney disease and transplantation in childhood and adolescence.**
BOOK ***Chronic Illness and Disabilities in Childhood and Adolescence.***
EDITOR Blum RW;
SOURCE Grune and Stratton:NY, 1984: 429-57.

ABSTRACT This chapter reports on a multifaceted longitudinal research project at the University of Minnesota. The researchers identified the aspects of life which were most affected by chronic kidney disease and factors influencing how adolescents adjust to this chronic illness. A few years later, they were able to examine how the same variables were influenced by kidney transplantation. Finally, the long-term impact of transplantation was assessed for the same variables. Their findings involving adolescents are compared to findings for children and adults.

AUTHOR Koop CE;
TITLE **Who are the disabled among us?**
SOURCE *Journal of Adolescent Health Care* 1985 Mar;6(2):156-8.

ABSTRACT Dr. Koop relates inspiring stories of children with disabilities with whom he has worked and pays tribute to their resiliency. He also reminds those in service to youth with disabilities to keep in mind the person's abilities as well as disabilities.

AUTHOR Kovacs M; Feinberg TL; Paulauskas S; et al.;
TITLE **Initial coping responses and psychosocial characteristics of children with insulin-dependent diabetes mellitus.**
SOURCE *Journal of Pediatrics* 1985 May;106(5):827-34.

ABSTRACT In this study, the typical response to the onset of diabetes among children who coped well included depressed mood, feelings of friendlessness, irritability, social withdrawl, and general anxiety. These ratings dropped significantly over time. The data suggests that the majority of children with newly diagnosed diabetes are emotionally resilient and cope well.

AUTHOR Krementz J;
BOOK ***How it feels to fight for your life.***
SOURCE Little, Brown:Boston, 1989: 132.

ABSTRACT This photojournal contains the engaging stories of 14 children and teenagers with a broad variety of chronic illnesses and disabilities. Their sucesses in coping with adversity should inspire other affected youth and their families. Care providers also would gain insight to assist young patients.

AUTHOR Levy-Shiff R; Kedem P; Sevillia Z;
TITLE **Ego identity in mentally retarded adolescents.**
SOURCE *American Journal on Mental Retardation* 1990 Mar;94(5):541-9.

ABSTRACT Findings indicate adolescents with mental retardation have a unique profile of identity which differs from both their chronological and mental-age mates. Correlations between identity and adjustment for adolescents with mental retardation indicate that a higher level of adjustment was associated with a more consolidated identity. Self-control and low level of impulsiveness were good predictors of adjustment.

AUTHOR Marteau TM; Bloch S; Baum JD;
TITLE **Family life and diabetic control.**
SOURCE *Journal of Child Psychology and Psychiatry* 1987 Nov;28(6):823-33.

ABSTRACT Seventy-two children with diabetes and their parents were studied to determine the relationship between different family characteristics and the child's diabetic control. Significant positive relationships were found for diabetic control and: family cohesion, emotional expressiveness, lack of conflict, mother's satisfaction with her marriage, the child living with both biological parents or a single parent (vs. step-parent or adoptive parents); no relationship was found for: social class, family income, employment status or educational attainment of either parent.

AUTHOR McCubbin MA;
TITLE **Family stress, resources, and family types: Chronic illness in children.**
SOURCE *Family Relations* 1988 Apr;37(2):203–10.

ABSTRACT Family stress, resources, parental coping, and family types were examined in families who had children with myelomeningocele. With an increasing level of impairment, there was an increasing level of family system involvement leading to improved child health outcomes.

AUTHOR Mrazek DA;
TITLE **Cystic fibrosis: A system analysis of psychiatric consequences.**
SOURCE *Advances in Psychosomatic Medicine* 1985;14:119-35.

ABSTRACT An historical review of the literature on the psychological aspects of persons with cystic fibrosis and their families is provided. The initial research indicated severe problems; in the middle stage of research, minimal dysfunction was found; the final stage used interactive models to describe outcomes. The author presents a stress-coping model which helps explain the resiliency seen in some children.

AUTHOR Patterson JM; McCubbin HI; Warwick WJ;
TITLE **The impact of family functioning on health changes in children with cystic fibrosis.**
SOURCE *Social Science and Medicine* 1990;31(2):159-64.

ABSTRACT An important relationship between family functioning and changes in the health status of a child with cystic fibrosis was found. Parental coping, as measured by involvement in activities which enhance self-esteem, provide social support, help manage psychological tension, and use multiple strategies to meet family needs, appears to help the health of a child with cystic fibrosis.

AUTHOR Patton AC; Ventura JN; Savedra M;
TITLE **Stress and coping responses of adolescents with cystic fibrosis.**
SOURCE *Children's Health Care* 1986 Winter;14(3):153-6.

ABSTRACT Sources of stress were identified and coping behaviors were assessed in this study. Stresses were found to relate to illness management, education, and age-specific developmental tasks. Through the use of a self-report instrument, the Adolescent Coping Orientation for Problem Experiences (A-COPE), low-level activity was rated most helpful in coping with the illness. Professional support was rated least helpful by the adolescents.

AUTHOR Petzel S; Bugge I; Warwick W; et al.;
TITLE **Long-term adaptation of children and adolescents with cystic fibrosis: Identification of common problems and risk factors.**
BOOK ***Chronic Illness and Disabilities in Childhood and Adolescence.***
EDITOR Blum RW;
SOURCE Grune and Stratton:NY, 1984: 413-27.

ABSTRACT This chapter reports on a study of 40 cystic fibrosis patients and their parents. The research identified common problems, the general determinants of problem outcome, and the relationship of personal, social and illness-related factors to problem frequency and difficulty. Increasing frequency of problems was associated with a decrease in treatment compliance. The instrument developed for this study may be an effective tool for use in a variety of settings.

AUTHOR Resnick MD; Hutton L;
TITLE **Resiliency among physically disabled adolescents.**
SOURCE *Psychiatric Annals* 1987 Dec;17(12):796-800.

ABSTRACT This study investigated the relationship between self-esteem and a number of independent variables: demographic, peer discretionary time, family, and self-perception. Fifty-two percent of the variance in the self-image of these adolescents was accounted for by the following variables listed in order of importance: perception of self as disabled, doing household chores, perception of self as being different from peers, having a network of friends, friends being non-disabled, and parental overprotectiveness.

AUTHOR Resnick MD;
TITLE **Sociological and social psychological factors influencing self-image among physically disabled adolescents.**
SOURCE *International Journal of Adolescent Medicine and Health* 1986 Jul;2(3):211-22.

ABSTRACT Investigation of sociological and social psychological factors associated with a positive self-image among teens with disabilities underscored importance of incorporating opportunity into the lives of all adolescents, particularly those with physical disability.

AUTHOR Strunk RC; Mrazek DA;
TITLE **Deaths from asthma in children: Can they be predicted?**
SOURCE *New England and Regional Allergy Proceedings* 1986 Sep;7(5):454-61.

ABSTRACT In distinguishing between children who died from asthma and a matched control group with asthma, the authors found 14 variables which were significantly different between the two groups. Ten of these variables dealt with the psychological adaptation of the child or family. Using eight variables (four physiological and four psychological), all of the study group was correctly identified by a blinded observer. The resiliency of the control group was due to psychological factors as both groups had an equally severe disease process.

AUTHOR Timberlake EM;
TITLE **Self-concept protection by children with physical differences.**
SOURCE *Child and Adolescent Social Work Journal* 1985 Winter;2(4):232-46.

ABSTRACT Most children used a wide variety of defensive-adaptive coping mechanisms to protect themselves from seeing themselves as defective. Children with congenital disabilities were more inclined to use coping mechanisms they believed would symbolically repair the perception of difference (e.g., identification and compensation), while children with acquired disabilities were more inclined to use coping mechanisms thought to deny the reality of the difference (e.g., fantasy, magical cure, and denial).

AUTHOR Ungerer JA; Horgan B; Chaitow J; et al.;
TITLE **Psychosocial functioning in children and young adults with juvenile arthritis.**
SOURCE *Pediatrics* 1988 Feb;81(2):195-202.

ABSTRACT Survey of 109 primary school students, 163 secondary school students, 91 young adults, and their parents. Psychosocial variables associated with adjustment differed across age groups. Primary school children's adjustment was associated with positive perceptions of self and others. High school age youth with good adjustment were associated with self-perceptions and social contacts outside the family.

AUTHOR Varni JW; Babani, L; Wallander, JL; et al.;
TITLE **Social support and self-esteem effects on psychological adjustment in children and adolescents with insulin-dependent diabetes mellitus.**
SOURCE *Child and Family Behavior Therapy* 1989;11(1):1-17;
ABSTRACT The importance of family versus peer support in relation to self-esteem was studied for children and adolescents. Family support was relatively more important for children, whereas peer support was relatively more important for adolescents.

AUTHOR Varni JW; Rubenfeld LA; Talbot D; et al.;
TITLE **Determinants of self-esteem in children with congenital/acquired limb deficiencies.**
SOURCE *Journal of Developmental and Behavioral Pediatrics* 1989 Feb;10(1):13-6.

ABSTRACT This study examined the relationship between self-esteem in children with limb deficiencies and social support, family functioning, self-perception of appearance, school performance, behavior, athletic performance, social competence, and daily stress. Findings indicate that positive social supports and self-perceptions were associated with increased self-esteem, and higher family conflict was associated with lower self-esteem.

AUTHOR Varni JW; Wilcox KT; Hanson V;
TITLE **Mediating effects of family social support on child psychological adjustment in juvenile rheumatoid arthritis.**
SOURCE *Health Psychology* 1988;7(5):421-31.

ABSTRACT Even after controlling for disease activity, family social support was a significant predictor of child psychological adjustment. Peer support was not a significant predictor of child psychological adjustment. The variables of family functioning associated with good adjustment in healthy children are also important in the adaptation of children with chronic illness.

AUTHOR Wallander JL; Hubert NC; Varni JW;
TITLE **Child and maternal temperament characteristics, goodness of fit, and adjustment in physically handicapped children.**
SOURCE *Journal of Clinical Child Psychology* 1988 Dec;17(4):336–44.

ABSTRACT The authors investigated the relationship between perceived temperament characteristics in mothers and children with congenital physical handicaps and the children's adjustment. The research does not support the "goodness of fit" interaction model in predicting the specific manner in which maternal and child characteristics interact in the adjustment of the child.

AUTHOR Wallander JL; Varni JW;
TITLE **Social support and adjustment in chronically ill and handicapped children.**
SOURCE *American Journal of Community Psychology* 1989 Apr;17(2):185–201.

ABSTRACT The authors investigated social support as a resistance factor to developing adjustment problems. Social support from both family and peers was found to serve as a resistance factor while support from only one source was not. Peer support was important for both younger children and adolescents. Family and peer support were important to both boys and girls and were important predictors of adjustment in children with chronic illness or disability.

AUTHOR Wallander JL; Varni JW; Babani L; et al.;
TITLE **Family resources as resistance factors for psychological maladjustment in chronically ill and handicapped children.**
SOURCE *Journal of Pediatric Psychology* 1989;14(2):157-73.

ABSTRACT The authors found that both family psychological and utilitarian resources are related to the adjustment of children with chronic conditions. Social adjustment was more related to family resources than was behavioral adjustment. Higher maternal education was also related to the children's adjustment.

AUTHOR Worchel FF; Copeland DR; Barker DG;
TITLE **Control-related coping strategies in pediatric oncology patients.**
SOURCE *Journal of Pediatric Psychology* 1987 Mar;12(1):25-38.

ABSTRACT Control-related coping strategies used by children and adolescents (n = 52) with cancer were studied. Behavioral control was the best predictor of adjustment. However, the quality of the control was important. Adolescents used more cognitive control than children. Confidence in parents was also found to be significant to adjustment.

AUTHOR Zeitlin S; Williamson GG;
TITLE **Coping characteristics of disabled and nondisabled young children.**
SOURCE *American Journal of Orthopsychiatry* 1990 Jul;60(3):404-11.

ABSTRACT An observation tool, the Early Coping Inventory, was developed to investigate coping styles of infants and toddlers in three categories: Sensorimotor Organization, Reactive Behavior, and Self-Initiated Behavior. The range of scores indicated some children with disabilities coped effectively while others did not. However, the mean scores for children with disabilities were lower than mean scores for children without disabilities.

AUTHOR Zevon MA;
TITLE **Differential impact of medical status, maternal coping, and marital satisfaction on coping with childhood cancer.**

ABSTRACT In this study, the child's ability to cope, especially with environmental demands, was strongly influenced by illness and treatment factors, especially treatment side effects. The quality of parental relationship was significantly related to the child's coping competence. Paper represented at the annual Society of Behavioral Medicine Scientific Sessions 7th, San Fransisco, CA, March 5-8, 1986. (ERIC: ED 288130. To order, call: 1-800-443-3742.)

3. RESILIENCY IN FAMILY MEMBERS OF CHILDREN AND YOUTH WITH CHRONIC ILLNESS AND DISABILITY

AUTHOR Abbott DA; Meredith WH;
TITLE **Strengths of parents with retarded children.**
SOURCE *Family Relations* 1986 Jul;35(3):371-5.

ABSTRACT When compared to parents of intellectually normal children, parents of children with mental retardation were found to be less critical of family members; spousal support and religious beliefs were found to be important coping resources in this process.

AUTHOR Adams-Greenly M;
TITLE **Psychological staging of pediatric cancer patients and their families.**
SOURCE *Cancer* 1986 Jul;15(58–2nd Suppl):449-53.

ABSTRACT Discusses how families can be helped to maintain a "normal life" throughout the course of a child's cancer, despite intensive medical treatment. Crisis intervention, educational counseling, and psychotherapy are suggested interventions. The author emphasizes the importance of identifying the stages (and concommitant tasks) through which the cancer experience progresses for both the patient and his/her family. Through understanding these stages, problems of adjustment can be anticipated.

AUTHOR Austin JK; McDermott N;
TITLE **Parental attitude and coping behaviors in families of children with epilepsy.**
SOURCE *Journal of Neuroscience Nursing* 1988 Jun;20(3):174-9.

ABSTRACT Results with these parents of children with epilepsy found that positive attitudes toward their children's epilepsy were associated with positive coping behaviors. Positive correlations were found between parental attitude and coping behaviors for: Maintaining Family Integration, Cooperation, Optimistic Definition of the Situation, Maintaining Social Support, Self-esteem, and Psychological Stability on the Coping Health Inventory for Parents.

AUTHOR Bristol MM;
TITLE **Mothers of children with autism or communication disorders: Successful adaptation and the Double ABCX model.**
SOURCE *Journal of Autism and Developmental Disorders* 1987 Dec;17(4):469-86.

ABSTRACT Using the Double ABCX or FAAR model as a framework, family adaptation was positively predicted by adequacy of social support and active coping patterns. Resources and beliefs were more predictive of family adaptation than was the severity of the child's disability.

AUTHOR Chesler MA; Barbarin OA;
BOOK ***Childhood Cancer and the Family. Meeting the Challenge of Stress and Support.***
SOURCE Brunner/Mazel:New York, 1987: 331.

ABSTRACT The text is based on social research involving 55 families and intensive interviews with 95 parents, 26 children with cancer, and 23 siblings selected from one center's ten-year experience. Using many direct quotations, the authors review medical stresses, emotional and social stresses, family relationships with the medical care system, parent coping strategies, family adjustment, problems of parenting children with cancer, being a child with cancer, seeking help from others, and educational needs.

AUTHOR Davies B;
TITLE **The family environment in bereaved families and its relationship to surviving sibling behavior.**
SOURCE *Children's Health Care* 1988 Summer;17(1):22-31.

ABSTRACT Families whose child had died of cancer and who had at least one surviving child (6-16 yrs.) were studied using the Moos Family Environment Scale. These families were found to appear more like normal than distressed families. The children with fewer behavioral problems were those whose families had higher scores on the Cohesion, Active/Recreational Orientation, and Moral/Religious Emphasis subscales; those with greater social competence had families who scored higher on the Active/Recreational Orientation and Intellectual/Cultural orientation subscales.

AUTHOR Donovan AM;
TITLE **Family stress and ways of coping with adolescents who have handicaps: Maternal perceptions.**
SOURCE *American Journal of Mental Retardation* 1988;92(6):502-509.

ABSTRACT A study of differing family stress levels for families having an adolescent with autism and families having an adolescent with mental retardation. A questionnaire was used to determine the influence of the individual with a handicap on the functioning of other family members. Results indicate the importance of maternal perception of family stress. An increased level of stress was also found to be related to a greater number of impaired functional areas. Limitations in relational and communication skills resulted in higher levels of stress for families having a child with autism. Another important factor was the lack of available services for children with autism and their families, because formal services and programs play an important role in family coping strategies.

AUTHOR Drotar D; Crawford P;
TITLE **Psychological adaptation of siblings of chronically ill children: Research and practice implications.**
SOURCE *Journal of Developmental and Behavioral Pediatrics* 1985 Dec;6(6):355-62.

ABSTRACT This review finds that siblings of children with chronic illnesses are not invariably at risk for psychopathology. While the variables mediating the harmful effects of a sibling's illness have not yet been studied extensively, it appears that the quality of family functioning has a beneficial effect on sibling adjustment.

AUTHOR Fife B; Norton J; Groom G;
TITLE **The family's adaptation to childhood leukemia.**
SOURCE *Social Science and Medicine* 1987;24(2):159-68.

ABSTRACT Families of children with newly diagnosed leukemia were studied to assess marital adjustment, coping behaviors, anxiety levels, and family relationships. School adjustment for patients and siblings was also examined. The psychometric tests used were: the Spielberger State-Trait Anxiety Scale, the Locke-Wallace Marital Adjustment Test, the Moos Family Environment Scale, and the MMPI. Findings indicate relatively constant coping patterns for families and individual family members. Those families having stable relationships at the time of diagnosis were able to maintain family stability. Those families having pre-existing problems exhibited deterioration in family relationships and coping behaviors.

AUTHOR Frey KS; Greenberg MT; Fewell RR;
TITLE **Stress and coping among parents of handicapped children: A multidimensional approach.**
SOURCE *American Journal on Mental Retardation* 1989 Nov;94(3):240-9.

ABSTRACT When examining the mediating impact of child characteristics, family social networks, and parent belief system on parent outcome, it was found that all three characteristics affected parents' adjustment.

AUTHOR Girdner LK; Eheart BK;
TITLE **Mediation with families having a handicapped child.**
SOURCE *Family Relations* 1984 Jan;33(1):187-94.

ABSTRACT The authors propose the use of mediation as a way to improve coping strategies of families with handicapped children. The model presented utilizes a team composed of a professional mediator and a specialist on handicapped children and their families.

AUTHOR Gustafsson PA; Cederblad M; Ludvigsson J; et al.;
TITLE **Family interaction and metabolic balance in juvenile diabetes mellitus. A prospective study.**
SOURCE *Diabetes Research and Clinical Practice* 1987 Nov;4(1):7-14.

ABSTRACT When family interaction was used as a predictor of metabolic control (HbA1) for the group overall, 67% of the cases were correctly classified. For the group with functional family interaction during the 5-year study period, HbA1 increased in 11% of the cases. The relationship between metabolic balance and family functioning held for adolescents, but not for pre-adolescents or young adults.

AUTHOR Hampson RB; Hulgus YF; Beavers WR; et al.;
TITLE **The assessment of competence in families with a retarded child.**
SOURCE *Journal of Family Psychology* 1988 Sep;2(1):32-53.

ABSTRACT When children with mental retardation were grouped into three age groups (6-8,12-14,18-21), it was found that the older the child, the more functional the family, even though most families were functioning well overall.

AUTHOR Jessop DJ; Riessman CK; Stein RE;
TITLE **Chronic childhood illness and maternal mental health.**
SOURCE *Journal of Developmental and Behavioral Pediatrics* 1988 Jun;9(3):147-56.

ABSTRACT Many factors were found to affect the mental health of mothers of children with a number of different chronic illnesses: functional status of the child, other stressors in the family, family impact of the illness, mother's physical health, and supportive individuals. This study also found that a greater number of children was associated with better maternal mental health.

AUTHOR Johnson MC;
TITLE **A comparison of family adaptations to having a child with cystic fibrosis.**
SOURCE *Journal of Marital and Family Therapy* 1985 Jul;11(3):305-12.

ABSTRACT The structure and social climate of families with children with cystic fibrosis were studied. Families in which the child with cystic fibrosis was not the firstborn were better functioning than those families in which the child with cystic fibrosis was the firstborn.

AUTHOR Kazak AE;
TITLE **Family functioning in families with older institutionalized retarded offspring.**
SOURCE *Journal of Autism and Developmental Disorders* 1989 Dec;19(4):501-9.

ABSTRACT No significant differences in family functioning (defined as psychological distress, marital satisfaction, family cohesion and adaptability) were found between families with a member who was institutionalized because of retardation and those families without a member who was retarded. Flexibility was found to be important for families with an offspring who was retarded. Balanced families tended to appear to be more functional.

AUTHOR Knafl KA; Deatrick JA;
TITLE **Conceptualizing family response to a child's chronic illness or disability.**
SOURCE *Family Relations* 1987 Jul;36(3):300-4.

ABSTRACT This article discusses how different theoretical constructs can frame our perceptions of families of children with disabilities and suggests that a number of different frameworks can be used together for a fuller understanding of family functioning.

AUTHOR Kupst MJ;
TITLE **Coping with pediatric leukemia: A two-year follow-up.**
SOURCE *Journal of Pediatric Psychology* 1984 Jun;9(2):149-63.

ABSTRACT When studied two years after the child's diagnosis, most families were coping well. Significantly correlated with doing well were: quality of the marital and family relationship, previous coping with the illness, coping of other family members, adequacy of the support system, lack of additional stresses, open communication within the family, and an attitude of living in the present.

AUTHOR Leigh IW;
TITLE **Parenting the hearing impaired: Attachment and coping.**
SOURCE *Volta Review* 1987 Sep;89(5):11-21.

ABSTRACT Provides suggestions for parents about how to enhance the bonding process with a child having a hearing impairment. Also offered are strategies to facilitate the child's communicative and behavioral development.

AUTHOR Martin DA;
TITLE **Children and adolescents with traumatic brain injury: Impact on the family.**
SOURCE *Journal of Learning Disabilities* 1988 Oct;21(8):464-70.

ABSTRACT This review of the literature addresses issues related to the potential impact of a child's brain injury on family functioning: adaptation, family stress, and coping.

AUTHOR Milgram NA; Atzil M;
TITLE **Parenting stress in raising autistic children.**
SOURCE *Journal of Autism and Developmental Disorders* 1988 Sep;18(3):415-24.

ABSTRACT When studying 46 parents of 23 children with autism from a cognitive appraisal orientation, it was found that absolute parenting burden was the best predictor of life satisfaction for fathers, whereas the relative burden was predictive of life satisfaction for mothers.

AUTHOR Minnes PM;
TITLE **Family resources and stress associated with having a mentally retarded child.**
SOURCE *American Journal of Mental Retardation* 1988 Sep;93(2):184-92.

ABSTRACT In this study of mothers of children with mental retardation, characteristics of the individual child and the family's crisis-meeting resources were important predictors of mothers' stress.

AUTHOR Rimmerman A;
TITLE **Provision of respite care for children with developmental disabilities: Changes in maternal coping and stress over time.**
SOURCE *Mental Retardation* 1989 Apr;27(2):99-103.

ABSTRACT When compared to mothers of children with developmental disabilities who did not use respite services, similar mothers who did use respite services had lower stress scores.

AUTHOR Schilling RF; Gilchrist LD; Schinke SP;
TITLE **Coping and social support in families of developmentally disabled children.**
SOURCE *Family Relations* 1984 Jan;33(1):47-54.

ABSTRACT This literature review of the research in the area of coping and social supports regarding parents of children with disabilities discusses these issues in terms of their relation to parental functioning. Structured group approaches in teaching related skills to parents are discussed.

AUTHOR Shapiro J;
TITLE **Stress, depression, and support group participation in mothers of developmentally delayed children.**
SOURCE *Family Relations* 1989 Apr;38(2):169-73.

ABSTRACT Mothers of children with various developmental disabilities were found to have decreased levels of stress and depression when attending support groups and using "meaning attribution" as a coping mechanism.

AUTHOR Shapiro J;
TITLE **Family reactions and coping strategies in response to the physically ill or handicapped child: A review.**
SOURCE *Social Science and Medicine* 1983;17(14):913-31.

ABSTRACT This article presents an extensive review of the literature on the coping processes of individuals and families, especially the coping process used in response to a child member with a disability. Coping theories and coping responses of family members and the family as a unit are discussed. Implications of the research review are also discussed.

AUTHOR Spinetta JJ; Murphy JL; Vik PJ; et al.;
TITLE **Long-term adjustment in families of children with cancer.**
SOURCE *Journal of Psychosocial Oncology* 1988;6(3):179-91.

ABSTRACT Three factors were found to be predictive of family functioning in families whose child had been treated for cancer five years previously: the ability to resolve questions about cancer and to focus family living on other issues; the family system's ability to be adaptive, healthy, and supportive of individual members; and family members' ability to seek help when they perceived a need for assistance.

AUTHOR Stein RE; Jessop DJ;
TITLE **Does pediatric home care make a difference for children with chronic illness? Findings from the Pediatric Ambulatory Care Treatment Study.**
SOURCE *Pediatrics* 1984 Jun;73(6):845-53.

ABSTRACT Research with families enrolled in a pediatric home care program found that this type of care was associated with: improved satisfaction of the family with home care, improvement in the child's psychological adjustment, and lessened psychiatric symtomatology of the mother after one year in home care.

AUTHOR Vadasy PF; Fewell RR; Meyer DJ; et al.;
TITLE **Siblings of handicapped children: A developmental perspective on family interactions.**
SOURCE *Family Relations* 1984 Jan;33(1):155-67.

ABSTRACT Research has pointed to risk factors that affect siblings' vulnerability to stress. This article describes a transactional framework of family interactions that can be instructive in understanding successful adaptation in families of children with disabilities.

AUTHOR Wallander JL; Varni JW; Babani L; et al.;
TITLE **The social environment and the adaptation of mothers of physically handicapped children.**
SOURCE *Journal of Pediatric Psychology* 1989 Sep;14(3):371-87.

ABSTRACT Although the mothers' physical health status could not be predicted by measures of utilitarian resources, child adjustment, psychosocial family resources, and service utilization, significant proportions of the variance in mothers' mental and social functioning could be explained by these measures of their social environment.

AUTHOR Wells RD; Schwebel AI;
TITLE **Chronically ill children and their mothers: Predictors of resilience and vulnerability to hospitalization and surgical stress.**
SOURCE *Journal of Developmental and Behavioral Pediatrics* 1987 Apr;8(2):83-9.

ABSTRACT Researchers investigated the effects of hospitalization and surgery on 40 children with physical disabilities. Results suggest that children with physical disabilities are not more likely to become distressed during hospitalization than children without physical disabilities, but high or low parent stress, over-involved parent-child relationships, fewer surgical experiences, and younger age did tend to result in greater stress for the child.

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